

CHIKWAWA DISTRICT PROGRESS REPORT JANUARY 1999 TO MARCH 1999

1.Introduction

In July 1998, DHMT, Heads of Departments/Coordinators from MOHP, NGOs and private institutions, developed a 1998/2000 Detailed Implementation Plan and a 1998/1999 Annual Plan for CHAPS Project. The Annual Plan activities were reviewed in March 1999. Achievements and areas pending are summarized as following:

1.1 Summary Report for PY1 1998/1999

1.1.1 Capacity Building

ACTION DATE	ACTIVITY	OUTCOME	REMARKS
Aug. 1998	Needs assessment for accounting and stock control and computer package installed.	Request has been sent to URC and USAID	Both URC and USAID are exploring best approach. No respond yet.
Oct./Dec. 1998	Identifying and employing a fleet consultant to help the district address its transport problems.	URC arranged for a consultant. Activity done in February 1999, recommendations and decisions discussed by DHMT same month 2. Fifteen motorcycles ordered and received 3. Four tone track purchased, but has not passed the PVHO test. 3. 2 vehicles sent for repairs	1.Main reports to be sent by URC end of this month. 2. A district needs to develop fleet management plans 3. Motorcycles riders to be trained before use. 4. Five vehicles out of 12 are repaired immediately.
Nov/Dec 1998	I. IEC needs assessment to be carried out ii. Identifying IEC materials already available in the country	1. Competent IEC consultant to be identified. 2. Some FP and HIV/AIDS available.	1. A consultant from Kenya has been identified for the work. 2. A workshop to develop TOR set for 16th Mar.1999 3. A consultant expected end April
Jan/Feb 1999	1. Identify and collect available in country 2. Decide if appropriate for use in District.	1. Bilharzia, Health Ed. Calenders, TB, Nutrition with messages 2. TV screen with A VCR 3. 16 powerful megaphones	
Sept 1998	1. Complete and send the QA assessment report to URC. 2. Copies of final draft distributed to district heads and coordinators.	1. QA report completed 2. Based on findings URC carried out follow up training. 3. Transport problem solving process was set following the QA approach. 4. Supervision gaps solving planned for rd week April.	1. All other gaps identified in quality care, including supervision problems will be addressed using the same approach.
Aug 1998	1. Process for setting a theatre at NRH.	1. NRH visited, state of buildings checked, and identify one suitable for a theatre. 2. Current kitchen/store earmarked	1. Need for a structure to hold kitchen and store. 2. Current NRU under a

		for renovation. 3. Plans for new stores, kitchen and laundry drawn. 4. Search for quotations in process. 5. List of equipment and instruments sent for quotations	tree to have a structure. 3. MOW to assess the earmarked building and develop theatre plans. (contacted 1998 and Jan 1999, yet no one sends) 4. Staff to be sent for VSC.
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1.2 Project Intervention

1.2.1 Increase Access to Reproductive Health

ACTION DATE	ACTIVITY	ACHIEVED	NOT ACHIEVED	REMARKS
Aug/Dec 1998	1. Community health baselines survey	1. Data Collection 2. Process for data entry and analysis	1. Data entry and analysis not complete	1. Technical assistants on files have not yet sent in comments 2. A report may be ready in May 1999
Jan/Mar 1999	1. Completion of some outreach shelters	1. Employment of Community Health Coordinator 2. Development of a schedule for site visit and community meetings	1. Procurement of and provision of building materials 2. No shelters completed	1. Needs assessment not yet complete 2. Awaiting community decisions for participation
Feb/Mar 1999	1. Two officers to be trained in VSC 2. Theatre equipment for NRH in place	1. Three officers identified for training 2. Requests for equipment quotation send to suppliers	1. Not yet trained 2. Quotations not yet received	Letter of enquiry send to Banja Lamtsogolo Family Health Care
Jan 1999	Plans for training CBDAs developed	1. FP Coordinator trained for CBD 2. National CBD program now available in a district. 3. Meetings for CBD programs done. 4. Needs an assessment tool set and pretested 5. Training for HCs FP Providers set for 12th April	1. Selection and training of CBDA	Activity will continue into PY2
Mar 1999	IEC materials available in the district			

1.2.2 Increase HIV/AIDS Awareness and Prevention through Condom Promotion and Female Adult Literacy

ACTION DATE	ACTIVITY	ACHIEVED	NOT ACHIEVED	REMARKS
Jan 1999	1. Increase use of condoms during the KAP study at three main centres in the	1. Draft questionnaire for bar owners and workers ready	1. Tool not revised	Main study will be done in April

	district			
Mar 1999	1. 3000 condoms distributed at 3 main centres in the district	1. None	1. No condoms distributed	The activity was to be combined with the KAP study.
Nov. 1998	1. Asses current practice for HBC for terminally ill patients.	1. None	1. No survey done yet.	1. To be given priority in PY2 plans
Mar 1999	1. Health staff trained on HBC	1. None	1. No staff selected for the training	1. Best part of training will depends on needs' assessment.

1.2.3 Increase Access to Drugs for Community-Based treatment of Malaria

ACTION DATE	ACTIVITY	ACHIEVED	NOT ACHIEVED	REMARKS
Nov 1998	1. Start the process for communities to get required Malaria treatment thru' DRF centres 2. 3 not active DRFs reactivated	1. DRF Coordinator employed January 1999. 2. Meetings with Gobede MCH Coord., Mkanjira Malaria Coord. & Nguleti Project DRF Coord. held 3. Twenty out of 24 DRFs have been visited for needs assessment 4. Although not in the plan, drugs were supplied to four DRFs that had funds.	1. 3 not active DRFs have not been reactivated	1. Needs assessments report in process 2. Community mobilization needs to be repeated for full participation and this is a slow process. 3. Of the four three are active, one though had funds for drugs it was not really active (coordination between Volunteers VHC and HSA was lacking & register lost)

1.2.4 Increase Access to and Acceptance of ORT and Diarrhea Messages, including Exclusive Breastfeeding

ACTION DATE	ACTIVITY	ACHIEVED	NOT ACHIEVED	REMARKS
August 1998	1. Survey on ORS distribution points and number of GMVs.	1. Surveys on ORS use done. 2. Point of distribution 3. Focus group discussion on management of DRFs in process	1. Reports not ready	1. Community survey reports to be ready May/June 1999. 2. Focus a group discussion report to be ready April 1999

1.2.5. Increase Access to and Acceptance, Consumption and Preservation of Protein, Micro-nutrient and Oil Rich Foods

ACTION DATE	ACTIVITY	ACHIEVED	NOT ACHIEVED	REMARKS
Dec 1998	1. An assessment survey on food production, storage and usage to be done	1. Questions for this assessment were included in the community survey tool. 2. Although not planned, soya, groundnuts, improved vegetables were given to selected villages for the season. 3. Training on production, use and use was done	1. Report not yet ready	1. Draft reports will be ready by May 1999. 2. On first supervision visits, nuts are doing well, but not all soya germinated

All the activities that were not carried out in PY1 Plans have been included in April 1999 to March 2000. The Plans will be ready end April 1999.

1.3 Fourth Quarter Planned Activities

- Follow up and work on radio communication installation
- Start renovation work for Ngabu Rural Hospital and computer/IEF project staff offices
- Continue work for Baseline survey
- Complete report on the survey for water and sanitation
- Hold a workshop to review PY1 progress and develop PY2, 1999/2000 Annual Plan
- Carry out needs assessment in some project specific area I.E. Counselling services in Chikwawa, condom use in bars and rest houses, inventory of active and inactive DRFs, primary eye care survey for schools and by Traditional healers
- Follow up on Quality Assurance activities, i.e. transport management and supervision

2. Progress

2.1 Radio Communication

Pitronic company supplied the radio masts base for all thirteen health facilities. Nine of these have been set ready for the main mast installation and radio connection. The remaining four are for the health centres around the border of Malawi and Mozambique and at this season the centres are not accessible except through Mwanza, a distance of about 600 kilometres. These will be set in May/June.

2.2 Renovation

2.2.1 Ngabu Rural Hospital Theatre

The drawings for the structure to accommodate the current stores, kitchen and laundry are ready. MOW sent two technical staff members on 17th March 1999 to set the foundation for hospital kitchen, stores and NRU, assess the condition of the building earmarked for theatre. The team has promised to complete the drawings for theatre by end of March.

2.2.2 Computer/Project Staff Offices

The contract has been signed and work started (*may have to change this date 19th March 1999*). These will be ready first by April 1999.

2.3 Baseline Survey Report

The work on the baseline has all along been used for training as well as getting a starting point on project intervention. The team working on the data were trained on EPI INFO program in September last year. Therefore each step on data entry and analysis must be counter checked by the IEF Country Director to ensure accuracy. It a slow process but, one that will eventually have sustainable results.

2.4 Water and Sanitation Baseline

Preliminary report was to be ready end March 1999, but Concern Universal Program manager for Chikwawa District had to go on annual leave. Therefore, the report is not complete but all analysis has been done.

2.5 Review and Planning Workshop

The workshop was carried out from 25th March to 26th March 1999. The participants included members of the DHMT, Program Coordinators, Department Heads, two members from Montfort Hospital, one from SUCOMA health services and project staff from Concern Universal. The objectives of the workshop are , at the end of the two days the team will

- a. Review the 1998/1999 planned activities for achievements and failures
- b. Identify factors that enhanced achievement and those that hindered
- c. Develop PY2, 1999/2000 Action Plan

See the full report and plan in Appendix I.

2.6 Needs Assessment for Specific Project Areas

2.6.1 Exploratory study of counselling services in the district

This activity was not carried out.

2.6.2 Condoms use in bars and rest houses

IEF STAFH project had started a program The questionnaire for this exercise is ready

2.6.2 Inventory of Non-active and Active DRF

In January 1999, Mr. Lyod Nguleti was appointed for the post of DRF Coordinator. Him and the MOHP Malaria/ DRF Coordinator, Mr. Makanjira, have developed a schedule for visiting and carrying out facts finding through focus group discussions. This exercise will be over by mid April, after which a full report will be written.

2.6.3 Primary Eye Care

Mr. Godia was appointed as the PEC Coordinator for the project. He is working in partnership with the District Senior Ophthalmic Officer, Mr. S. Kanjoloti. Although the initial planning was to carry out a baseline survey for teachers and school children, the preliminary findings on the current eye activities in the district show that it may not be necessary to do a district wide survey.

3. HIV/AIDS Awareness and Prevention through condom Promoting and Female Adult Literacy

3.1 Condoms use in bars and rest houses

3.2 HIV/AIDS Prevention through Adult Literacy

The project has appointed Mr. Moda to take on the post for coordinating the adult literacy program. Although no adult literacy activities were planned for this quarter, some preliminary activities have been started. These are,

- a. Various training materials for adult literacy in the country have been collected. These will be reviewed for use in the program.
- b. One of CHAPS main objectives is capacity building and strengthening departments for improvement of services in the district. The project is also trying to ensure that activities started will continue after the project. It is therefore, important that all officers concerned are involved at the implementation stage. An approach that will enhance sustainability has been through various discussion with the main stake holders at regional and district level. One of the decisions taken at these meetings was the need for an advisory committee. This committee has been set and has met twice since its formation.

Members include staff from MOHP, Ministry of Women and Children Affairs and Community Services Ministry of Education. E and IEF STAFH project. Members of this committee have met twice to discuss ways and means of implementing this project component.

4. Quality Assurance

4.1 Transport Management

In December 1998, a QA workshop on team-based problem solving was held. Two main issues, supervision and transport, that were found as problem areas through the QA assessment were discussed. Transport was found to affect all areas of work in the district. Therefore the participants decided to set the mechanism for solving transport problems. This decision concurred with the action planned for PY1 on capacity building. The next was to set a process to implement the solution. The participants agreed that there was need for a fleet consultant. Transport Committee was requested to do an internal fleet assessment and the information will be used to develop terms of reference for the consultant.

Mr. T. Harwa was appointed by URC to assist the district in fleet management. The work was done between 8th to 19th February 1999, full report with findings and recommendations is available. The consultant, during the debriefing of the consultant

5. Food Security and Preservation of Protein and Micronutrient -rich Foods

In November 1999, farmers in Gola village were given seeds to grow for the season. Thirty households were given groundnuts CG7 seeds, forty were given soya beans. Forty GMVs were given assorted vegetables seeds to grow and share with 17 households within their catchment areas.

After two months, the team responsible for the activity, carried out a supervision visit to the village. Farmers reported that germination, especially on the inoculated seeds was encouraging, However, the success rate will be determined after the harvest.

6. Reproductive Health

Training CBDAs is one of the strategies that is being used to increase contraceptives use and accessibility to family planning. MOHP and IEF STAFH project have trained ----- CBDAs and ---- supervisors, but reports on their work does not reach the district. It was therefore, found necessary to carry out a survey to establish reasons for this and any other problems CBDAs' supervisors may have. The survey was carried out in March 1999 and results will be ready early May 1999.

7. District Health Planning

In November 1998, the MOHP Unit organised workshops for developing National District Health Plans. CHAPS Project helped the District in consolidating and writing up its draft plans. The writing team completed the exercise on 12th February 1999.

8. Cholera Situation in Chikwawa

During this quarter cholera situation was still a problem, but gradually declining (see table below).

Months	Number of Patients	Number of deaths
January	587	18
February	497	20
March	156	2

The situation in prison was alarming, especially when Chikwawa Boma faces constant water shortages, but the situation has now been contained. The district carried out many activities to control the situation. The task force committee met regularly every two weeks, water chlorination in communities, case identification, health education, case and contact treatment.

Material/Logistics

Besides supplies and medicines from the ministry, various organizations and projects helped during the epidemics. Red Cross, MSF and CHAPS contributed drugs, tents, puritans, chlorides of Lime/HTH and some basic utensils for cholera management.

Constraints

1. Transport for supervision and distribution of supplies.
2. Poor reporting format and diseases outbreak surveillance.

9. Plans for 1st Quarter April 1999 to June 1999

These will be highlighted on the Annual Plans that will be ready end of April 1999.